

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19-402357

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3							53						
4		3		1			54						
5		3					55						
6		3		1			56						
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43							93						
44							94						
45							95						
46							96						

NO.				
TOTAL DEP.				
TOTAL CLAIMS				

IND.				
TOTAL DEP.				
TOTAL CLAIMS				